

Maryland Medicaid Dental Benefits Administrator
OPASS 16-14344
eMM #MDM0031018935

Vendors Questions Received 3/26/15, 4/1/15, 4/2/15

1) Please confirm that Section 4.4.3.1c. – which states the offeror must attest that the offeror (including its parents, affiliates, and subsidiaries) is not providing “any other direct health care services beyond the services contained in this RFP under the Maryland Medical Assistance program” – prohibits only the provision of health care services by the offeror *directly to participants* under the Maryland Medical Assistance program (as would a physician, for example).

Answer: Yes

2) Please further confirm that Section 4.4.3.1.c does *not* prohibit the offeror from providing services to a *managed care organization* where the managed care organization is contracted with the state of Maryland to manage benefits under the state’s Medical Assistance program.

Answer: In a case where a conflict of interest is either currently present and/or may arise in the future, it is the offeror’s responsibility to address the means by which they plan to or have already mitigated said conflict in their proposal as part of Attachment I - Conflict of Interest Affidavit and Disclosure. Please reference the COMAR citations identified in the document.

3) Can the Department please define “direct health care services” in the statement below? Thank you.

3.2 Scope of Work – Requirements (pg 36)

Neither the Contractor nor its parents, affiliates, subsidiaries of the Contractor shall provide any other direct health care services under the Maryland Medical Assistance program at any point during the Contract. (See also Section 4.4.3.1 c for corresponding attestation required by Offeror upon proposal submission.)

Answer - Direct health care referenced in sections 3.2 and 4.4.3 refers to any medical or health related program that is managed and regulated by the Maryland Medical Assistance program under the Department of Health and Mental Hygiene.

4) I have an inquiry regarding the Maryland RFP for Dental Benefit Administration. Could you please clarify what “billing errors” means in Section 4.4.2.8.d: “The Offeror’s process for resolving billing errors; and”, specifically billing errors by whom?

Answer - In the Dental Benefits Administrator RFP the term "Billing Errors" in Section 4.4.2.8.d. "... process for resolving billing errors..." pertains to any errors that arise pertaining to billing from MBEs, VSBEs, dental providers, as well as claims errors and adjudication errors received from the Department’s adjudication system which can be determined via the remittance advice.